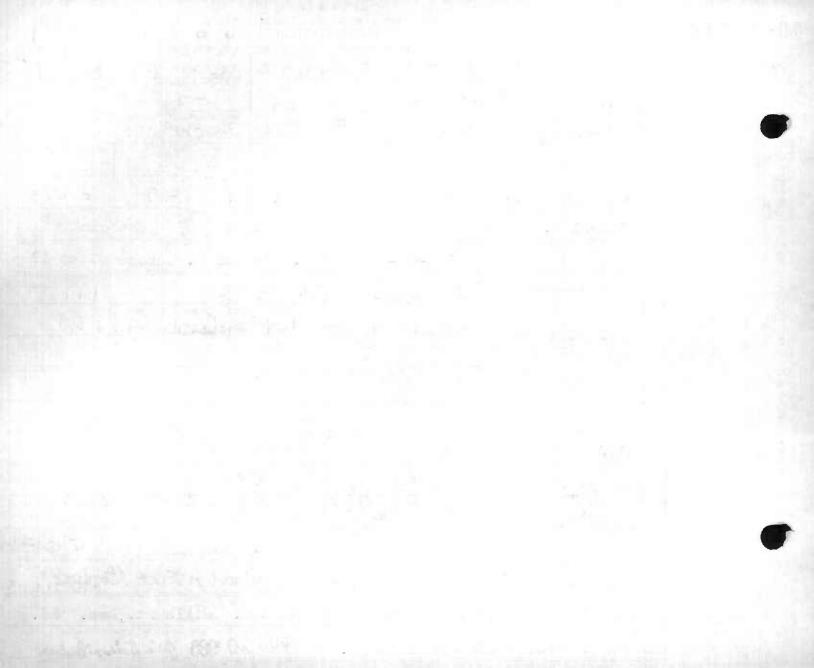
DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH 2h. HOUR DECEASED NAME (TYPE OR PRINT) ichae IF LINDER LYEAR 3. SEX DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) E LINDER 34 MBS HOURS MONTH JUSTE WITH BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN MARRIED A NEVER MARRIED COUNTRY WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH WORK FOR MOST OF WORKING LIFE) INDUSTRY Clemera kettred. SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 113h COUNT 21613 Da bridge Vary land 15 MOTHER'S MAIDEN NAME Barone Barone Michael A. Michalina ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IAL SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Item 13 186-09-8856 Mrs. Michael A. Barone APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c) hr IMMEDIATE CAUSE (a) DUE TO, ORAS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES IN ial-transit 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OC CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR GOINTRIPATING CAUSE OF DEATH HOUR A.M. DAY YEAR (IFEITHER NOTIFY MEDICAL EXAMINER) P.M. 21d IN JURY OCCURRED 21f LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OF ICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 220.1 certify that (1) Ithis haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did portiview the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING / MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS WILKE 230 BURIAL, CREMATION, REMOVAL 23b. DATE 13c NAME OF CEMETERY OR CREMATORY Md. burial Hills Pt. Dor. 6/14/86 Seward Spedden Cem. 25p. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15 (4)) THOMAS FUNERAL HOME CAMBRIDGE MD.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH 00-09971 REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME (TYPE OR PRINT) Christopher Base June 7. 1986 6:57PM 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3. SEX DAYS HOURS Male Negro March BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE ISTATE OR FOREIGN MARRIED X NEVER MARRIED U.S.A. Dorchester Charleston, S.C. IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Dorchester General Hospital INDUSTRY Machine operator Cambridge Canning Co. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN Box 704 Pine Street Hurlock Maryland Dorchester YES K 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE Unknown Unknown ADDRESS Hurlock, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT 247-14-1032A Emma R. Base, Rt. 1, Box 28A. Box 704 Pine S Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Azerrom Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NOF YES [8 shov 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 21e. PLACE OF INJURY 21d. INJURY OCCURRED -0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram_ , and that in my) (our) apinian death accurred an the date and hour and fram the causes stated abave, (1) we) (did) (vid nat) new the bady after death 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL should be deto with the Store IMPORTANT: I PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 302 Collins Avenue, Hurlock, Md. 21643 Michael J. Fadden, M.D. 23h DATE 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial June 14,1986 Federal Hill Cemetery Federalsburg, Caroline, Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Framptom-Hawkins Funeral Home, 216 N. Main St DHMH-16 60M 1/73 (VR A 15 (4))

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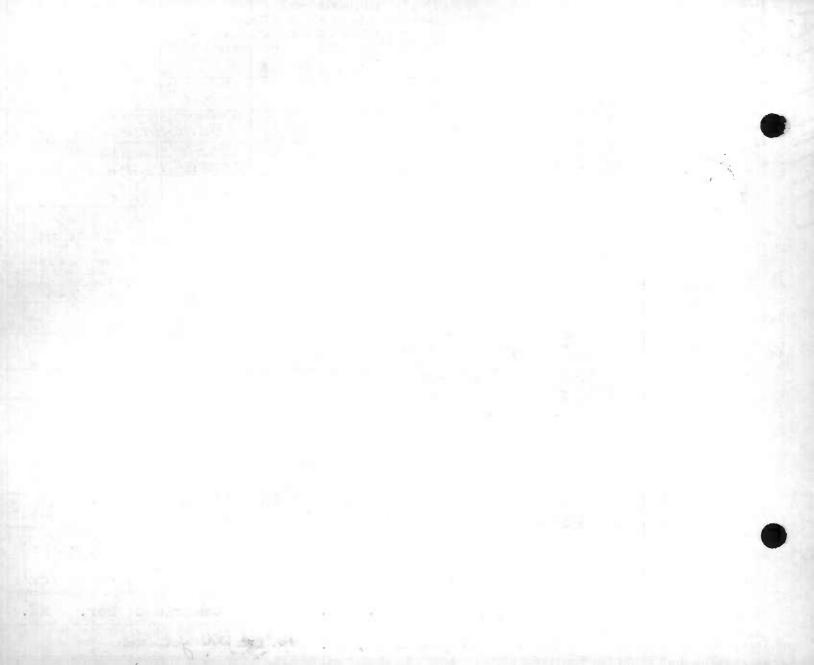
Zelfer Funeral Home, East New Market. MD

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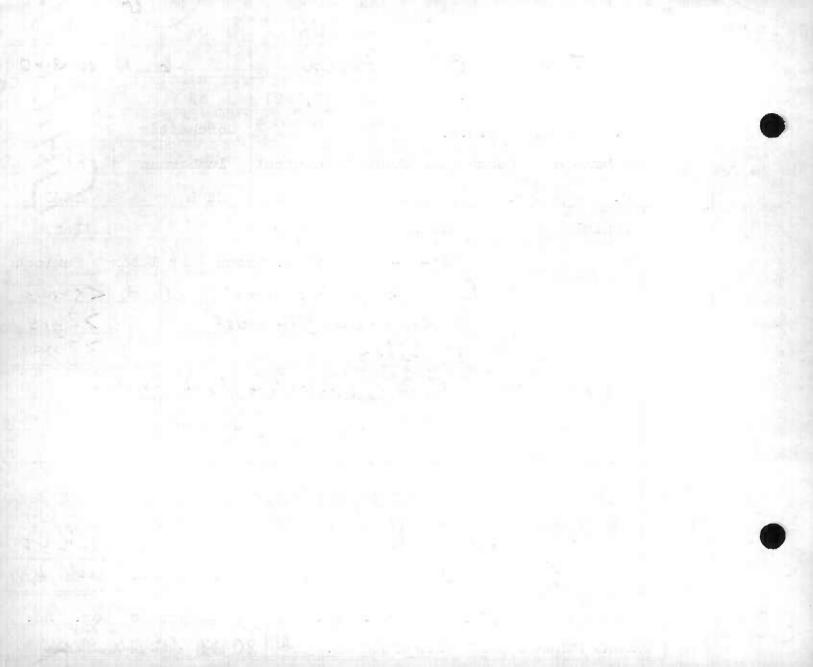
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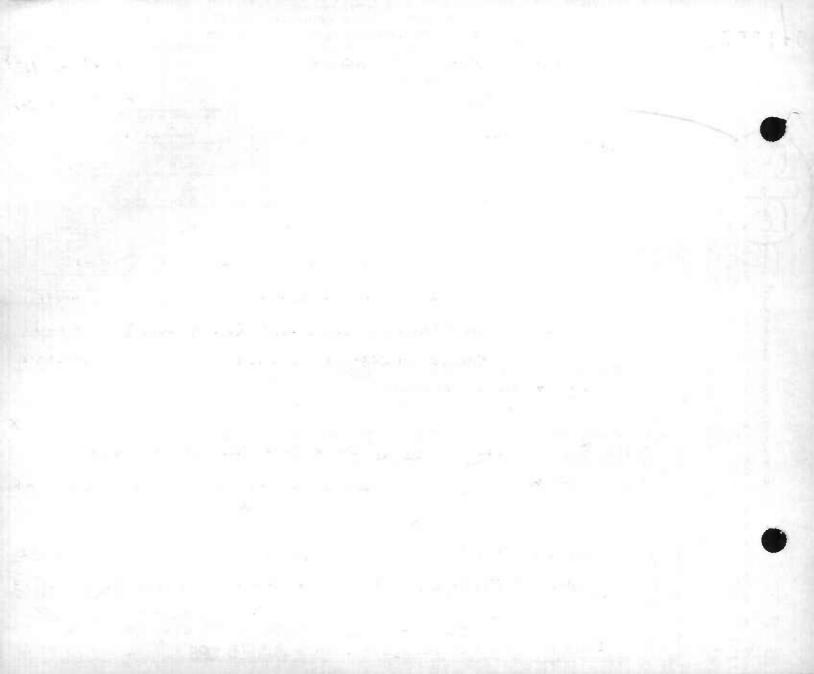
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH MIDDLE 7h HOUR I. DECEASED NAME (TYPE OR PRINT) Marcellus R. Dockins. Sr. 1986 June 13. 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX MONTH DAYS HOURS Male January 28. Negro 1900 BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED U.S.A. Dorchester Salem, Maryland WIDOWED IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17g USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Ret. Proprietor East New Market RFD 1. Box 9 Grocery Store DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY Maryland New Market RED Dorchester 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE Mary L. Camper Charles Dockins 17 INFORMANT Md. 21631 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) Lillian D. Hughes, RFD 1. Box 9. E. New M'kt No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: or Pulmonale IMMEDIATE CAUSE (9) DUE TO, OKAS A CONSEQUENCE OF THE CLIBE PHIMOTRETY DISCOSE Conditions, if ony, which gove rise to immediate (o), stoting DUE TO, OR AS A CONSEQUENCE OF and emphysema ibranic branchelis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 2 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED à. IN CERTIFYING CAUSES OF DEATH? per YES [NOF YES [NO F 21g. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 71c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 0 (IF EJTHER, NOTIFY MEDICAL EXAMINER) P.M 10 211. LOCATION 0 71d INJURY OCCURRED 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) orked NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) juttended the deceased from sow the deceased alive on Jun 10 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED 06-16-86 ATTENDING MEDICAL should be deto with the State IMPORTANT: DIRECTOR PHYSICIAN O FUNERAL PHYSICIAN 774 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Carlos F. Barroso, M.D. Collins Avenue, Hurlock, Maryland 21643 13c NAME OF CEMETERY OR CREMATORY 23b. DATE 23a BURIAL CREMATION, REMOVAL Burial June 18.1986 E. New Market, Dor., Maryland East New Market Cem. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Federalsburg DHMH-16 60M 1/73 Framptom-Hawkins Funeral Home, 216 N. Main St. JUN 20 1006 (VR A 15 (4))

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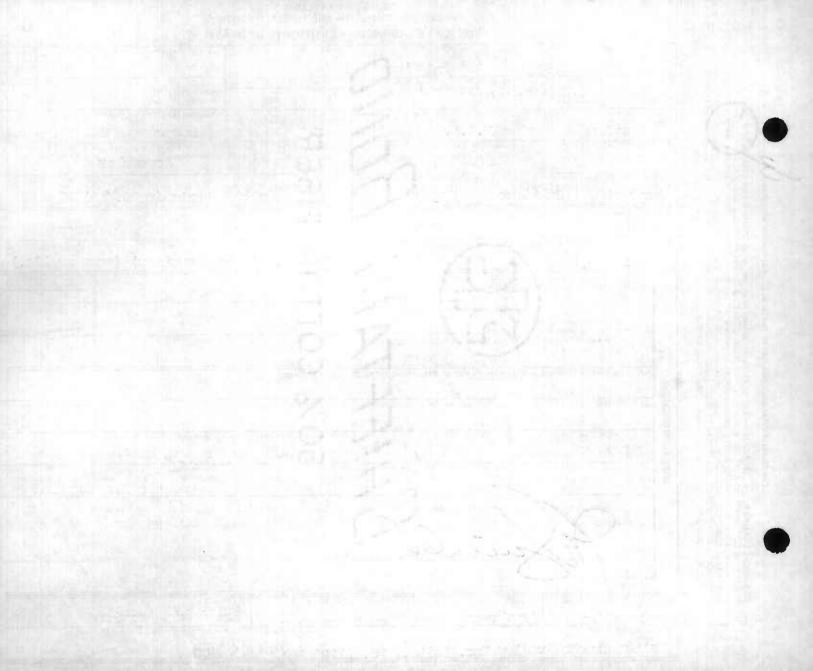
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR 13 (TYPE OR PRINT) John 86 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS HOURS MALE 27,1920 cau. 65 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Dorchester N. Carolina U.S.A. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cambridge Dorchester General Hospital lumberman BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 137 CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Hurlock 21643 Md. Dor. Rt 1 NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Hollar Evie Daniel Beal Green 16b SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 239-14-891 Carl J. Green Rt 1 Box 9 Hurlock 18 CAUSE OF DEATH (Enter only one couse provine for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: PRESTON ST., IMMEDIATE CAUSE (0 schem: Conditions, if ony, which gove rise to immediate couse (o), stoting MA CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DIFEASE OF CONDITION GIVEN IN PART 110 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? pe YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER NOTIFY MEDICAL EXAMINER P.M. 19 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY ŏ STREET CITY OR TOWN (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) COUNTY STATE orked WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this haspital) attended the deceased from the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL FUNERAL DIRECTOR | PHYSICIAN PHYSICIAN PHYSICIAN'S NAME 2 ADDRESS the the 0 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) COUNTY STATE 6/14/86 BP burial Dor. Mem. Park Cambridge Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 NAME (VR A 15 (4)) THOMAS FUNERAL HOME CAMBRIDGE MD. ia Deviden Pa



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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STA		AL ATURE INERS NAM OR PRINT)	LAMES	F. MECE	ARTER	. M.D.	M.D		EY) UTY MED AURGRA			DATE SIGNED		
Bb——— BAT 1 PAG	230. BURIAL, (SPECEY) Bu	remation,	REMOVAL 23	B. DATE -25-86	23c NAM Dorc	eneste	ryorcre r Ce	MATORY	123d. LO	CATION Bridge				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-Madeline MARIE HARRISON DEATH MATED 3. SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED 9:47 A. M 2/4/1904 Female White DEAD 186 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. Dorchester County, WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
HOmemake Cambridge Dorchester General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | 1851 Portship Rd./ 21222 3a STATE Dundalk Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Elfrey Emma Ames Corge 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 220/22/5945 Joan M. Difato (Daughter) (same as 13e.) Non 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Chest injury with tear of diaphragm IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) Pneumonia 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR HOUR AND MONTH DAY YEAR Subject passenger in auto collision CONTRIBUTING CAUSE OF DEATH 4: 00P.M. 6 21e PLACE OF INJURY EATHOME 21f. LOCATION 21d. INJURY OCCURRED ACCUTE THE CERTIFICATE WRITE PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR, PAGE 3. AFTER DEATH, WITH THE STATE TO BALTIMORE, MADAIN STREET, FACTORY, FARM, ETC) NOT WHILE AT WORK AT WORK Rt.50, W. of Vienna, Dorchester Co., Maryland roadway X Autopsy Inquiry and in my opinion death regitted fro Undetermined manner TITLE (SPECIFY) ACTUAL DATE 5/22/86 Chief SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Smialek, M.D. 111 PennSt., Baltimore, Md. 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 6/23/1986 Green Mount Crematory | 1756 BATE REC'D. BY REGISTRAR'S SIGNATURE Baltimore, Maryland Cremation 07/84 24 FUNERAL DIRECTOR **DHMH - 17** Walter Brooks Bradley Inc. Balto., Md. 21222 (VR A15 ME (5)) ma sur door - purplate



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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR		CERTII	ICATE OF DEATH	REG. NO	D			
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HSU.	AL RESIDENCE (IF) NUTSING HOME OR	Cambridge		ouse_	tarmer		gra:	in	
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(YES, NO OR UNKNOWN) (IF YES, GIVE	214-16	-476	AnnaBelle	J. Mowbra	ay I	tem :	13	
	18 CAUSE OF DEATH (Enter and PART I, DEATH WAS CAUSED	y ane cause per line for (a), (b), ar	nd (c)	1- 1			BETWEEN	MATE INTER	VAL DEATH
		E CAUSE (0) CAPOLIC	resc	ular colli	4 ps				
	Mark Day 1	DUE TO, OR AS A CONSEQU	ENCE OF	11 1 0	1				
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	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		,				
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AT	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W			
CERTIFICATION					YES NO	IN CERTIFYIN		OF DEAT	
CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	AV VEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)		
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MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	17	211 LOCATION					
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		ol) attended the deceased from	3.	21 10 85	10 G	16 10	81.	that (1) (v	wa\ last
	sow the elector tive on obove (1) (we) (did) idid not		86,00	nd that in (our) opinion d	leath occurred on the do	te and hour or			
	obove (D/we) (did) did not	view the body ofter death.		DEGREE			22c DATE		
	Myfort	Alux M	0		MEDICAL STAF	F IAN 🗆		0.0.10	
	224. PHYSICIAN'S NAME (TYPE OF	(PRINT)		22e ADDRESS	11.	1 /	/	216	4,3
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	burial	6/18/86 Do	or.Me	m.Park					Å o
24 F	UNERAL DIRECTOR	ADDRESS .	N 1 675 TO TO		REC'D. BY REGISTRAR	256. REGISTRAI		URE	
	THOMAS FUNE	RAL HOME CI	AMBRI	DGE MD. JUN	20 1008 4	100	War.	Dage	400

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample should be detached for use as the burial-transit permit. Then please remove carban-papers. Pages 1 and with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

injury, ar other traumatic event, the medical

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

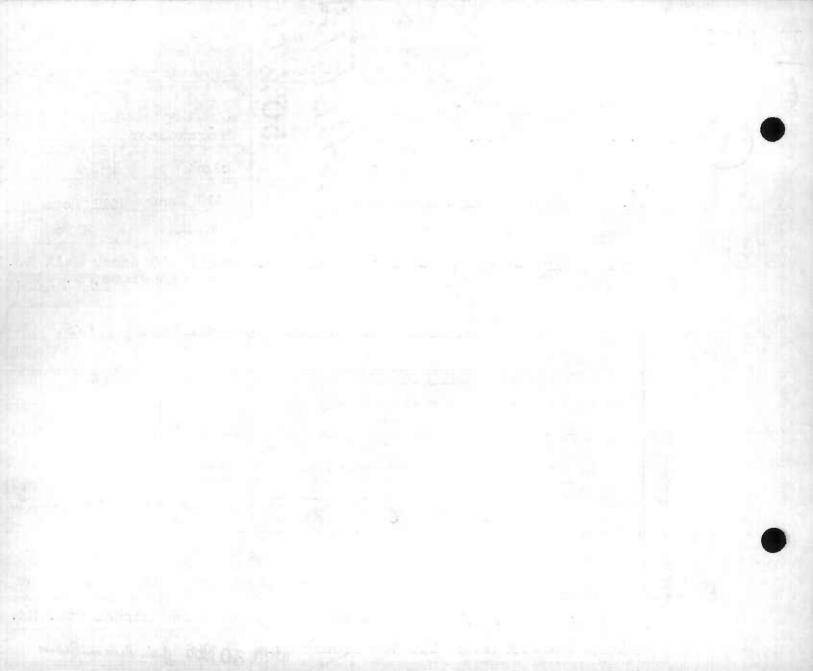
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2b HOUR (TYPE OR PRINT) NEWELL HOMER 86 12:55 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 5 DATE OF BIRTH HTMOM Male Cauc. 1921 64 BALTIMORE CITY OR COUNTY OF DEATH 10. BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Dorchester Alabama WIDOWED DIVORCED T CITY OR IUWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12m USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY clerk Sandy Hill Cambridge DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 410 Sandy Md. Dorchester Cambridge NO A Hill Road FATHER'S NAME IS MOTHER'S MAIDEN NAME Sarah Elfod Frank Newell M. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Helen C. Newell 410 Sandy Hill 1944-1946 Yes 419-16-1169 18 CAUSE OF DEATH (Enter only one cause per line for ia. (b., and ic PART I. DEATH WAS CAUSED BY FAILURE AUS ENAL IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF 1984 ENO CARCINOMA OF PROSTATE Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 9 prior bee 20b. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? pe NO YES [NO [ntal Hygin 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE morked WHILE AT WORK AT WORK 22a.1 certify that (1) this hospital) attended the deceased from sow the deceased alive on (my) (aur) apinion death occurred on the date and hour and fram the causes stated and that in abave. (1) we) (flid) did not view the bady after death. DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Wes should be dete with the State IMPORTANT: 22e ADDRESS MOSKEWICZ 230 BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY Burial East New Market Dor. Md. 6/26/86 East New Market BP 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 STORY. die Derdon Pandale 700 Locust FUNERAL HOME (VR A 15 (4))



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No. of the last of

FOR - STATE REGISTRAR 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-LEC SHIMEK FRANKLI 6 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS SEX DATE RONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE 126 KIND OF BUSINESS RETIRED PAINTER USUAL RESIDENCE SOUTH STREET 14. FATHER'S NAME SAUNDERS DRENCE APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which ELERGTIC HEART DISEASE gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE C lying cause last 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. NONE 216. TIME OF INJURY OR N/A 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY / IAJ HOME. 21f. LOCATION COUNTY AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy and in my apinian Natural causes Hamicide Undetermined manner EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALLTMORE, MARYL TULE (SPECIFY) 6-6-86 East New Market Cem. E. NewMarket. Dorch. MD 07/84 Funeral Home, East New Market, MI DHMH - 17 fine Daydoon- Jondalle (VR A15 ME (5))

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moy be poge ter deat	3. SE		4 RACE		5 DATE O		6 AGE (INY	EARS LAST BIRTHDAY)	IF UNI	OER I YEAR	IF UNDER 24 HRS
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ORE,		VAS DECEASED EVER IN U.S.	ARMED FORCES GIVE WAR OR DATES)			17 INFORMANT		ADDRESS]		-	
WII.		No		218-16-	6801	Betty Bowens	826	Robbins	St.,		
ST., BAI		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMMEI		Chron.	. 1	batructus t	Pulm	orang A	Jease		MATE INTERVAL INSET AND DEATH
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he low re	CERTIFICATION	190 DATE OF OPERATION	19b CON	IDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUT	DPSY? 20b.	IF YES, WEI ERTIFYING YES	RE FINDING CAUSES (GS USED OF DEATH?
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A A A A A A A A A A A A A A A A A A A		220.1 certify that (I) (this h	ospital) attended	the deceased from.		, 19	, to		19	, tl	hot (1) (we) lost
ATTEND aspital o		sow the deceased alive above, (1) (we) (did Tali	d not i view the bo	dy ofter death.	. 0	nd that in (my) (our) opinion o	death accurr	ed on the date on	id hour and	from the co	ouses stated
OR he		22b. SIGNATURE	200	1	1	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN [22¢, DATE S	IGNED
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DHMH - 16 60M 1/75 (VR A 15 (4))	FX	INERAL DIRECTOR	fork!	VS FERB	RAUSE	BURG , JUN 1	8 198	REGISTRAR 25b. R	EGISTRAR'S	SIGNATU	RE

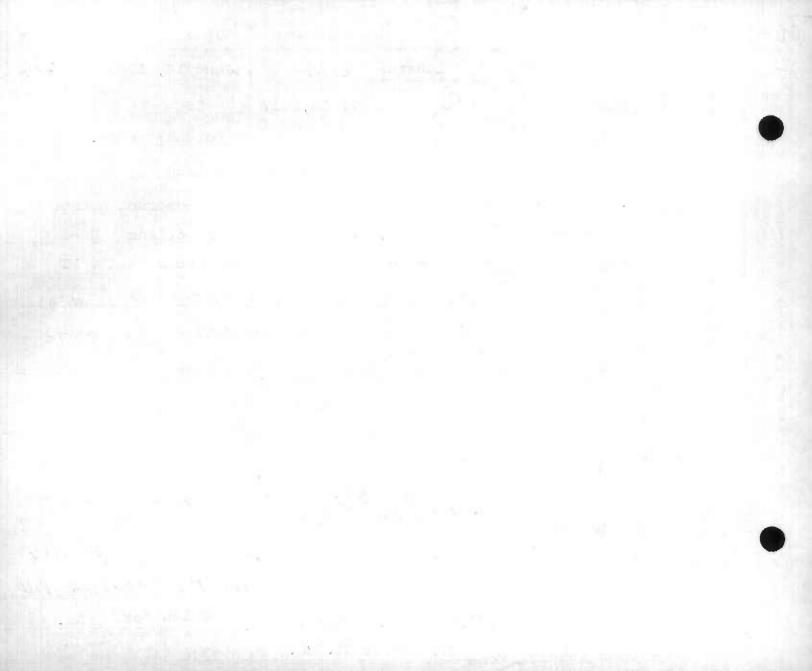
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE TIFICATE OF DEATH O REGISTRAR L DECEASED NAME 2a DATE KNOWN LTYPE OR PRINTI OF ESTI-HERMAN 10116 DEATH MATED 3. 5EX IF UNDER 24 HRS DATE RONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED DIVORCED HE CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ON OST OF WORKING LIFE KETIRED 14. FATHER'S NAME GOLDS BOROU DHILLES ELIZABETH TOLLEY (WIFE) S 160. WAS DECEASED EVER IN U.S. ARMED FORCES? HAZEL (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DE ATH PART I DEATH WAS CAUSED BY: INFARCTION ACUTE MYSEARDIAL IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROME TEART DISENSE Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. HETEROSCLERETT C'ARDIOLASCUCAZ DUENSET PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART & IGN Mauros; OBSSIT 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? YES [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR UNDERLYING CONTRIBUTING CAUSE OF BEATH P.M 21f LOCATION 21e PLACE OF INJURY, (AT HOME STREET STATE CITY OR TOWN COUNTY NOT WAILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy deoth resulted from: Accident Suicide Homicide Undetermined monner Natural causes 6-124-SIGNATURE EXAMINER'S NAME 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 6/26/86 Dor. Mem. Park Cambridge Dor. Burial 07/84 2588 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Cambridge, Md **DHMH - 17** FUNERAL HOME NATHOMAS. (VR A15 ME (5))

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tor. pog	3. SE		White	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN
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with:		ITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
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AND 21:	5 130	Md. Dore	or other institution, give residence beautifully and the chester Cambr	idae YES NO	13e STREET ADDRESS 309 Somerset	2/6/3
with:	14.F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' CHIEFELLA. The law requires that the death certificate be executed within 24 hours, certificate physician physician physician physician and completely filled in By the the certificate has been signed by the ottending physician and completely filled in By the thickness of the physician physici		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	WOMA OF LI	NG-	DAYS
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K 5 + 2 1 2 3	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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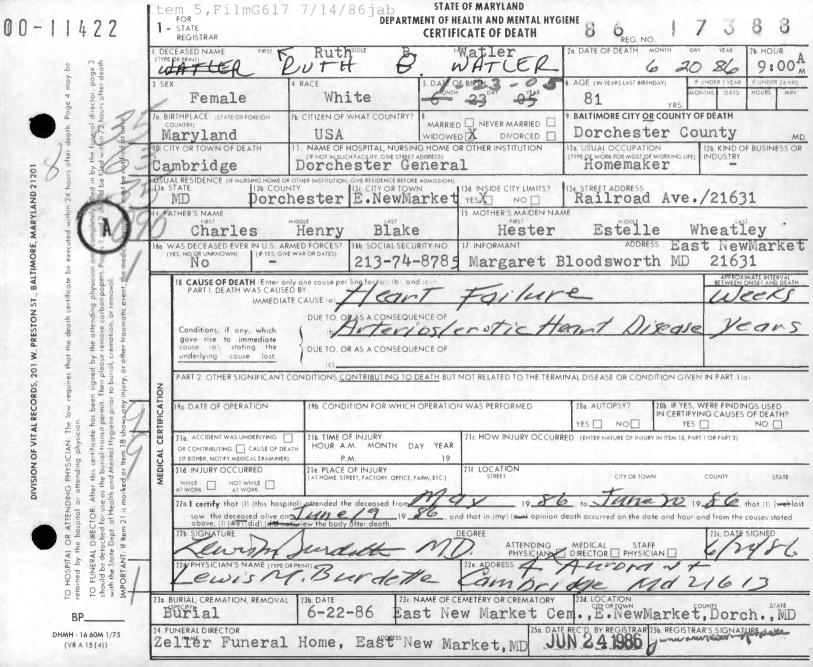


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	Page 4 ma) director, po	3. SEX	Male	4 RACE CA	vc	5 DATE C		6 AGE (IN YEARS LAST B	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS
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105	The feet with	10 CI	AMBRIDGE	11. NAME OF	HOSPITAL, NUR CH FACILITY, GIVE STI		rchester neral Hosp.	(TYPE OF WORK FOR MOST	TION OF WORKING LIFE	Farm	
AND 212	13	-	MU 136 COU	OTHER INSTITUTION NTY ORCH	130 CITY OR TO	NWC	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	MD RO Box 4	ute 50	0/21869
. MARYL	(A))	THER'S NAME Andrew		Valker		15. MOTHER'S MAIDEN NA	WIDDLE	:	(Unk	nown)
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	Che che		226. SIGNATURE Kubi	tf c	July			MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	27c. DATE	SIGNED 9
	TO HOSPITAL oretoined by the TO FUNERAL I should be deto with the State I MPORTANT: If		220. PHYSICIAN'S NAME (TYPE OF	OR PRINT)	. Ale	24	503 B	YPN S	T. C	AMBR	il Emd
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	DHMH - 16 60M 1/75 (VR A 15 (4))	24 FU Ze	PINERAL DIRECTOR ELTer Funera	L Home,				TE REC'D. BY REGISTRA	R 25b. REGIST	RAR'S SIGNAT	ÜRE

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	3. SE	Χ	4 RACE		5. DATE		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
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4 4 6/2	IIK III	incv. Florida	U.S.	A .	WIDOW		Dorcheste	er		MD
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5 1 60	C	ambridge		ter Gener		ospital	Farmer	r WORKING LIFE		Growing
212 d in be i	USU.	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION		E AOMISSION)		13e STREET ADDRESS		2111	12
fille fould	M		chester	Hurlock		YES NO 🛣	P.O. Box98	33	- 1004	
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AORE, ond ond oges	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	Light	yland 2	
FIMOR be exected on ond S. Poges		YES, NO OR UNKNOWN) (1F YES, GIV	II	266-20-	1946	Leonard Wash	ington, PO	Box 9		
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ST., g ph sonp remo			TE CAUSE (0)	EREBRA	KU	ASCULAR	ACCIDEN	77	100	ay
PRESTON ne deoth c motendir motion, or		E-1	DUE TO, O	R AS A CONSEQU	ENCE OF	20015			YER	2<
RES dec		Conditions, if ony, which gove rise to immediate	(b)	ATHERO	2CEs	0013			1015	
that the that the aby the ease remonstrate of crem		couse (0), stoting the underlying couse lost.	DUE TO, O	RAS A CONSEQU	ENCE OF	USLOW			457	DPS
gned on plec		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO			INAL DISEASE OR CON	DITION GIV	EN IN PART 10	01
PRDS required r The inju	CERTIFICATION	P. E. HARREL						11	TELEVIL	
RECORD low requirements the prior to	3	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN	
AL A	E E						YES NO		5 📗	NO 🗆
AN: AN: bhysic tron tron tron 18 s	C2F	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DE			AY-YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	₹Y IN ITEM 18, PA	ART 1 OR PART 2)	
SICIA ng ph certif certif tentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.		19					
DIVISION NG PHYSI Offer this can os the burn th and Mer	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
or or see of the more		22n.l certify that (1)(this hosp	ital) attended th			JAN1 , 1986	, to6	-a7	1986	thor (we) lost
TTEN priol for u		sow the deceased alive or above (I) we) (did) did no	ot) view the body	27 19 8	16.0	nd that in (our) opinion	death occurred on the de	ate and hour	r and from the	couses stated
OR A hos ched ched cept.		276. SIGNATURE		\		DEGREE		201.10	22c. DATE	SIGNED
SPITAL of the specific property of the specifi		Muchael a	. Nus	skewie	- h	ATTENDING PHYSICIAN	MEDICAL STAT	IAN	6-	27-86
SPII ed by JNER JNER He St		27d. PHYSICIAN'S NAME (TYPE C			d.	22e ADDRESS	10.1 ==	4.0		016/17
TO HOSPITAL TO FUNERAL Should be deveniful to Funeral with the Storic		MICHAEL	A. Nu	OSKEWIC	2	203 3	YRW ST.	CON	13EW61	E MU
5 5 F 2 7 2	23a. E	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
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(VR A(15 (4))	LL	amptom-Hawkins	runeral	Home, 2.	TO N.	Main St.	5 BOO Gull	. Browne	and the same of th	

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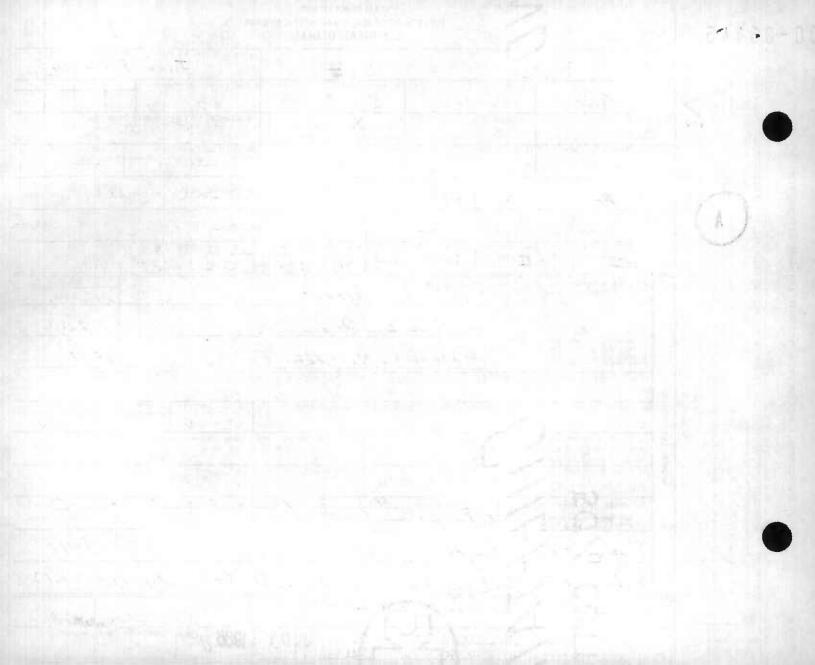


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0-000001	FOR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	DIENE O 6 1	7389
10 03000	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
poge 3	DECEASED NAME JESS	Hubert	Willey	20. DATE OF DEATH MONTH	7 86 3:00 M
moy moy	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
- 0 1	Male	White	8° 27 1°0°	75 YRS.	
8 (4 2 G 2)	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
9	Maryland	USA	WIDOWED DIVORCED	Dorchester Co	
the day	Cambridge	Dorchester G	eneral	(TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY ROads
filled in ould be	USUAL RESIDENCE (IF NURSING HOME OF		N 13d. INSIDE CITY LIMITS? YES ☑ NO ☐	Middle Street	et/21869
RYL V22 sty	14. FATHER'S NAME	MIDDLE LAST	IS. MOTHER'S MAIDEN NA	WEDDIE	LAST
Am belong by self	Andrew	Willey	Sallie	ADDRESS ()	Hurley Box 61
IMORE In ond c	16a WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GI	MED FORCES? VE WAR OR DATES) 16b. SOCIAL SECU 220-12		. Willey Vienn	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours redending physician. Ifter this certificate has been signed by the attending physician and completely filled in by as the burial-transist permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. Orked or item 18 shows any injury, or other traumatic event, the medical examiner was been orked or item 18 shows any injury.			ENCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED		VEN IN PART I (a
TAL RECO	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	5 above		YES NO Y	FYING CAUSES OF DEATH?
A OF VITA SICIAN: T ng physici certificate ricol-transi ental Hygi	OR COLUMNIC CALIFFORNIE		AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)
G PHYSIC ottending iter this cert is she burial in and Mentitived or then	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DR: A	saw the deceased alive or	ital) attended the deceased from	SC, and that in (my) (our) apinian	deoth accurred an the date and had	19 that (I) (we) last or and from the causes stated
hospid RECTG Hed fo hed fo fept. of fem 21	22h SIGNATURE	eti_view the body after death.	DEGREE		22c. DATE SIGNED
AL DI Perocial Procession of the Pool	Leurim	Sundill	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	154nc 82
O HOSPITAL retained by the TO FUNERAL I Should be detailed be detailed in the State IMPORTANT. II	22d PHYSICIAN'S NAME (TYPE	Burtlett	27e ADDRESS 4 Campsi	Aurora Sidge Md	721613
BP	236. BURIAL, CREMATION, REMOVAL	1 - 01	NAME OF CEMETERY OR CREMATORY St New Market C	en. E. New Mar	county STATE cket.Dorch.MT
DHMH - 16 50M 4/82 (VRA 15, 4)	Zeller Funeral		25a D.A.	TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE

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0-09445	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HI	EALTH AND MENTAL HYG CATE OF DEATH	8 G REG. NO		7 3	9 0
nay be page 3		CEASED NAME FIRST MA		MIDDLE	U.S. DATE O	off.	-	AONTH DAY	86	2b. HOUR 145PM
- 10 miles		MALE		u	MONTH 09	DAY YEAR OZ	83	YRS.		HOURS MIN.
de d	7a. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA	USA	WHAT COUNTRY?	8. MARRIED WIDOWEI	_	9 BALTIMORE CITY OR DORCHEST	COUNTY OF	DEATH	MD.
13 the d	C	Ambridge	DORCH	HES LA	Gen.	FOTHER INSTITUTION	120 USUAL OCCUPATION MERCHANT OF	WORKING LIFE)	126. KIND OF	BUSINESS OR
MARYLAND 2120 ed within 24 hours	13a N		DROTHER INSTITUTION. JINTY HESTER	CAMBRID		136. INSIDE CITY LIMITS?	13403FF DARREY	ST. #	21613	
MARYL ed with	14 F.	ATHER'S NAME PIRST NATHAN	MIDDLE	WOLE	F	15. MOTHER'S MAIDEN NA/ FIRST	GUSSIE MIDDLE		LAST	TURNER
SALTIMORE, ote be execut sper. Pugni cal		WAS DECEASED EVER IN U.S. A (YES, NO DE UNKNOWN) [18 YES,	RMED FORCES?	214-24-3		17. INFORMANT MRS. 403 OAKLEY S	LOUISE WOLL T. CAMBRIDGE			
ST., 8 AL		18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS	only one couse per SED 8Y: ATE CAUSE (a)	line for (a), (b), and	dici.	Arrest			BETWEEN ON	ATE INTERVAL NSET AND DEATH
W. PRESTON of the death of the ottending se remove corb cremotion, or ther traumotic		Conditions, if ony, which gove rise to immediate (b) Therestoles Pheumonia 1 day								y
		couse (a), stating the underlying couse lost.	DUE TO, 0	RAS A CONSEQUE		Prostatie (arcinone		years	
RDS, 20 equires on signee Then pl ir to buri	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 110	
AL RECO	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY? YES □ NO【☑	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES C	SS USED OF DEATH? NO 1
ON OF VITA PYSICIAN: The ding physicions is certificate I burial-transit Mental Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DA	AY YEAR	21a HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	OR PART 2)	
DIVISION OF VITAL RECORDS, 201 DING PHYSICIAN: The low requires th or after this certificate has been signed it e as the bural-transit permit. Then plea oith and Mental Hygiene prior to bural morked or Then 18 shews any injury, ar	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE		ARM, ETC)	21f. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
TENDI tal or OR: A OR: A I is m		220.1 certify that (1) (this has			M9.	that in (my) (our) opinion (to 74 He det	e and hour an		(we) lost
AL OR ATT the hosp AL DIRECT detached for the Dept. or T: If them 2		27h SIGNATURE	have Les	ally.	M	ATTENDING PHYSICIAN	MEDICAL STAFF	AN 🗆	6/8/	GNED 186
TO HOSPITAL TO FUNERAL should be deta		Edmund J.	7 / 1	aughlin		10 Auroras	7. Cambrio	dse 1	nd 2	1613
BP	23a	BURIAL, CREMATION REMOVA ISPECIFY) BURIAL	JONE 1	10,19862361	BETH 9	THODA ANSHE	BAL	TIMORE	O WAR	YLAÑĎ
DHMH - 16 50M 4/B2 (VRA 15, 4)				SON & BRO			3 1985 Egither	COLUMN XII	SIGNATUR	et .
(**************************************	6	OLO REISTERSTO	WN RD	SALTO. M	U 2.	215				



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR MIDDLE I. DECEASED NAME 28. DATE KNOWN 7h HOLIR (TYPE OR PRINT) TO THE FUNERAL DIRECTOR.

J. PAGE 5. FOR YOUR FILES.
BE FILED, WITHIN 72 HOURS
SQ. ZOJ. W. PRESTON STREET, Emerson Wroten DEATH MATED June 9 19 86 AM 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 3. SEX 2c. DATE 2d. HOUR PRONOUNCED Dec. 13, 1916 Male White 69 June 9, 1986 DEAD 4P I BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Federalsburg, Md. U.S.A. WIDOWED [DIVORCED Dorchester FILED W ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Hurlock A 3. RETAIN PA R. SHOULD BE F FAL RECORDS, 2 Box 104 Continental Can USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN Hurlock Dorchester Marvland DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Al Green Wroten Sadie Emily Wright 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Maryland 21643 16b SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) No 217-09-5350 Ralph T. Wroten, Rt. 1. Box 120, Hurlock 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular disease EXECUTE THE CERTIFICATE, WRITING THE WOKD PENGINGS INVENCED AND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PER AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIER BALTIMORE, MARYLAND, 21201 PRIOR OF THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIER BALTIMORE, MARYLAND, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 199. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection Natural causes X death resulted from: Homicide Undetermined monner TITLE (SPECIFY) 6-11-86 Dep. MEDICAL EXAMINER EXAMINER'S NAME Peter W. Rieckert, M.D. (TYPE OR PRINT) ADDRESS East New Market, Md. 21631 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION June 12,1986 Hillcrest Cemetery Burial BP Y Federal shure, Caroline

Z50. DATE REC'D, BY REGISTRAR IZ50. REGISTRAR'S SIGNATURE Caroline 24 FUNERAL DIRECTOR ADDRESS Federalsburg, Md. **DHMH - 17** Framptom-Hawkins Funeral Home, 216 N. Main St (VR A15 ME (5)) 20M 4/B2

of the foreign to Tooling and men all the last tooling the section of production out the state of the The contract of the second sec